

FILED Secretary of State

State of California AUG 2 7 2018 (\$\infty\$

IMPORTANT — Read instructions before completing this form.

Filing Fee - \$100.00

Copy Fees – First page \$1.00; each attachment page \$0.50; Certification Fee - \$5.00

Note: Corporations may have to pay minimum \$800 tax to the Ca Tax Board each year. For more information, go to https://www.ftb	alifornia Franchise o.ca.gov.	/ This Space Fo	or Office I	Use Only	<i>y</i>
1. Corporate Name (Go to www.sos.ca.gov/business/be/name-ava	ailability for general corporate	name requirements	and restri	ctions.)	
The name of the corporation is MERCADO MECHANI	С		4		
2. Business Addresses (Enter the complete business addresses	s.)				
a. Initial Street Address of Corporation - Do not list a P.O. Box	City (no abbreviations)		State	Zip Code	
3691 VIA MERCADO STE 8,9	LA MESA		CA	91941	
b. Initial Mailing Address of Corporation, if different than item 2a	City (no abbreviations)		State	Zip Code	
Service of Process (Must provide either Individual OR Corporation INDIVIDUAL – Complete Items 3a and 3b only. Must include agent's	•	et address.		J <u></u>	
a. California Agent's First Name (if agent is not a corporation) BANAR	Middle Name Last Name ASKAR			Suffix	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 3691 VIA MERCADO STE 8,9	City (no abbreviations) LA MESA		State CA	Zip Code 91941	
CORPORATION - Complete Item 3c. Only include the name of the	registered agent Corporation.				
c. California Registered Corporate Agent's Name (if agent is a corporation) – E					
4. Shares (Enter the number of shares the corporation is authorized	to issue. Do not leave blank	or enter zero (0).)			
This corporation is authorized to issue only one class of sh The total number of shares which this corporation is author		10,0	000		
5. Purpose Statement (Do not alter the Purpose Statement.)	The second distance of				
The purpose of the corporation is to engage in any lawfunder the General Corporation Law of California other the practice of a profession permitted to be incorporated by the	an the banking business	s, the trust com			
6. Read and Sign Below This form must be signed by each in	ncorporator. See instructio	ns for signature	requireme	ents.)	
	BANAR AS	SKAR			
Signature	Type or Prin	t Name			
ARTS-GS (REV 04/2017)			2017 Califo	mia Secreta	ry of State

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